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An Inaugural Dissertation on Dysentery

by

John Hunter

of

Fairfax County

Virginia

Dysentery.

Upon the consideration of this disease I enter with a diffidence arising from a conviction of my incapability to investigate the subject with the requisite accuracy and precision.

Submitting, however, to the inspection of a Faculty characterized by a generous and liberal spirit, the subsequent observations, I entertain not apprehension that they will meet with a rigid or fastidious criticism.

The term "Dysentery" is compounded of two Greek words importing a deficiency of power in the intestines to perform with their usual facility their appropriate office.

This disease from the

circumstance of its frequent occurrence, from its being incident to the inhabitants of every section of the world, and from the fatality attendant on it in instances innumerable well merits the serious attention of every practitioner of Medicine.

As premonitory of its accession there is generally an inconsiderable degree of heat alternating with chill and accompanied with nausea, flatulence, constipation and lassitude. To these symptoms succeed augmentation of vascular action, excessive thirst, slight vomiting and at no distant interval tormina and tenesmus.

The excrementitious discharges generally consist of mucus, with an intermixture of bilious, and a greater or less proportion of sanguineous matter. Sometimes during the continuance of the dis

-lase a watery discharge, acrid and corroding in its nature takes place. Natural faces are rarely excerned, notwithstanding the frequency of evacuations: when they do appear they are always in small, indurated masses, denominated scybala and invariably afford a temporary remission of the symptoms above enumerated, and particularly of the tormina and tenesmus.

As the disease advances the tormina and tenesmus become more considerable, the fever continues to increase, and the patient suffers the greatest mental and corporeal disquietude. If the progress of the attack be not arrested at this period, an exacerbation of most of the symptoms succeeds: the alvine evacuations exhale an insupportably fœtid and cadaverous odour, and a prolapsus ani results from the

frequently repeated efforts to eject the contents of the intestines: the tongue becomes incrusted with an offensive matter: great prostration of muscular power and extraordinary emaciation now ensue, and if the most vigorous efforts of medical skill and the most assiduous attention be not exerted; delirium, coldness of the extremities, subsultus tendinum, and impeded deglutition succeed, and death finally supervenes. —

In milder cases the disease is associated with little apparent febrile action and after a short duration spontaneously departs. — In some instances the fever after having continued for a time gradually abates and ultimately disappears the proper dysenteric symptoms remaining: To this form of Dysentery we apply the epithet "chronic".

Dysentery generally makes its appearance about the conclusion of summer, or the commencement of Autumn and for the most part prevails in dry and elevated situations, Intermittent or Remittent fever co-temporaneously affecting persons in the vicinity of the low and marshy grounds. –

Dissections display the following phenomena: traces of inflammation, with the appearances consequent to it, as ulceration and gangrene, in the colon & Rectum Indications of inflammatory action are sometimes manifested in the small intestines.

Diagnosis.

Dysentery may sometimes be confounded with Diarrhœa, but attention to the following marks of distinction will enable us to discriminate with facility between them.

1. In the former disease there is always

present an evident degree of arterial excitement in the latter the circulation is rarely accelerated, or connected with any other circumstance indicative of febrile commotion.

2. In Dysentery the evacuations are never abundant; in Diarrhoea they are uniformly copious.

3. In the first mentioned disease the faeces are rendered with the utmost difficulty and most excruciating pain: in the second much uneasiness is seldom experienced during an evacuation.

4. The excretions in Dysentery never assume a natural appearance except when the discharge is composed of scybala. In Diarrhoea they usually possess more or less of this character.

Prognosis

In numerous instances we shall find

no little difficulty in forming a just opinion with regard to the event of this disease.

In general however the tongue becoming free from an incrustation of offensive matter, the excreta assuming a natural consistence and color, the pain concomitant of the sense abating, the eye retaining its wonted lustre; and the restoration of appetite, prognosticate a favorable result. — On the contrary, a sudden sinking of the pulse which continues tremulous and scarcely perceptible, the increase of the debility, the frequent discharge of a "dark fluid blood" or of a matter approximating in appearance the "lotura carnium", difficulty of deglutition, with the supervention of subsultus tendinum and petechiæ, are ominous of a fatal termination. Should the disease be associated with a scorbutic affection, or an advanced stage of Phthisis

Pulmonalis, or should the constitution of the patient be previously debilitated by any other disorder, we cannot with plausibility calculate on a convalescence. —

Remote Causes

1. We are well aware that noxious exhalations originate from marshy grounds in sultry weather proving instrumental to the production of the febrile affections so prevalent at such times. — The miasmata thus evolved may with propriety be "located" among the remote causes of the disease under consideration.

2. Intense Heat; by inducing relaxation of the system, renders it more susceptible to the operation of the exciting to be presently enumerated.

3. As exercising a similar agency, immoderate corporeal exertions may be included

the catalogue of Causes. – 4th The depressing mental passions; from occasioning loss of appetite may with propriety be considered as productive of debility and consequently as predisposing to the disease. 5th Penurious diet. As corroborant of this observation I must remark that Dysentery appears to attack with more alacrity and greater violence the indigent, than those in the enjoyment of opulence and luxury.

6th Frequent inebriation.

With regard to the contagious nature of Dysentery no inconsiderable diversity of sentiment had prevailed: Cullen maintains that Dysentery is always contagious: but guided by the concurrent evidence of the most respectable modern practitioners we are induced to consider this assertion erroneous & untenable. The incontrovertible fact that a strict attention to cleanliness and freedom of Ventilation effectually

precludes the propagation of the disease under consideration is sufficient to justify our incredulity with regard to Cullen's declaration.

Exciting Causes.

Dysentery is most frequently occasioned by the direct application of cold to the body subsequently to its exposure to the Remote causes above mentioned from which exposure the system has acquired inordinate susceptibility to morbid impressions. In confirmation of this assertion it may be proper to remark that in warm Weather armies are almost invariably attacked with Dysentery, who after a long march, or any violent exercise, have slept on the humid Earth or been exposed to falling rain. In these cases, the perspiration being suddenly suppressed, a determination by reverse sympathy is made to the Intestines and a disturbance of their function at a necessary consequence ensues. — In many instances, however

the primary impression is made on the stomach as is evinced by the anorexia and nausea which are generally the precursors of the proper dysenteric symptoms as muco-sanguineous evacuations, tormina &c.

Proximate Cause

This has generally been supposed to consist in preternatural constriction of the colon, but we are inclined to believe that this constriction is only a consequence of the pre-existing inflammation of the Intestines; and this hypothesis receives some validity from the circumstance of the spasmodic constriction never occurring antecedently to the appearance of febrile symptoms.

We therefore pronounce the proximate cause of Dysentery to consist simply of inflammation of the intestines, or in other words, an irregular morbid action of their vessels and as the only theory by which we can satisfactorily account for the several symptoms indicative of this affection we

unhesitatingly adopt it.— Having now assigned the several causes of Dysentery we proceed to designate the appropriate

Treatment.

Called to a patient of a robust and plethoric habit, I would without delay have recourse to the most direct means of diminishing the irritation of the sanguiferous system— I mean the detraction of blood.— A prompt and copious venesection, at the very commencement, will often eradicate every vestige of the disease and when it fails in effecting this, will with certainty afford a palliation of the symptoms. Impressed with this belief, I would strenuously recommend an enforcement of the practice as long as there appeared any indications of inflammatory diathesis

The principle upon which phlebotomy acts in thus signalizing its utility, admits of a ready explanation: By diminishing the activity

of the circulation we obtain a resolution of spasm and prevent the injurious consequences which would result from excessive vascular excitement.

Efficient and energetic however as the abstraction of a copious quantity of blood at the accession of an attack may frequently prove in obviating the progress of Dysentery, we shall in some instances discover that after its complete establishment the disease will resist with pertinacity our best directed endeavours for its arrestation, and exercising with a violence scarcely mitigated by our most approved and powerful remedies its imperious dominion over the unfortunate subjects to its influence.

Our next consideration should be the state of the Stomach. The slightest manifestations of gastric inquietude will justify the administration of an Emetic. By this, independently of the advantage obviously resulting from the removal of foul and oppressive accumula

tion we make a decisively salutary impression on the system. Should a single dose prove inadequate to the accomplishment of this purpose a repetition will be required. In regard to the article by which Vomiting should be excited, there is some discrepancy of opinion among practitioners. Some of whom recommend Tartrate of Antimony whilst others advise the employment of Ipecacuanha. With the latter sentiment I coincide, believing this medicine to be peculiarly adapted to the disease in question, and particularly to those cases (when used in minute doses) where there is a frequent discharge of sanguineous matter.

This course of treatment having been premised; our attention should be directed to promoting the evacuation of irritating feculent matter. - In mild cases Oleum Ricini freely given will be sufficient to fulfil this indication: But should the attack be more severe, the submuriate

of mercury is greatly preferable: in conjunction with Rhubarb this medicine will frequently prove signally advantageous. – Should any circumstance prohibit its ready operation it will become necessary to prescribe Sulphate of Magnesia.

Having by these means accomplished a thorough discharge of the contents of the Intestines, it will be unnecessary to continue the administration of Calomel unless there exist indisputable evidence of hepatic derangement. It will be proper however to exhibit the Castor oil until the faces begin to assume a natural appearance.

With a view to obtain an alleviation of the Tormina & Tenesmus the oleaginous mixture may be prescribed.

Enemata.

These should not be too freely or indiscriminately employed; as the frequent introduction

of the pipe is apt to induce severe irritation of the Rectum. The Cases to which they are most appropriate are those where from irritability of the Stomach medicines cannot be retained. Mucilaginous injections are, not unfrequently productive of consequences unequivocally beneficial.

After the removal of the inflammatory symptoms, and the evacuation of the alimentary canal, Medicines calculated to cause a determination to the surface should be exhibited. - As a diaphoretic, Ipecacuanha may be directed in minute doses: and as exercising a similar power Dover's Powder will be found an important remedy. — A combination of Opium, Ipecacuanha and Calomel will excite a gentle perspiration and allay irritation. —"— In the sinking stages of Dysentery stimulants should not be omitted. Of these opium & Carbonate of Ammonia possess the most decided claim to our attention.

The application of a flannel roller to the chest and abdomen during the continuance of the disease is recommended by practitioners of respectability as conducive to convalescence

When the pains continue unmitigated together with abdominal tumefaction, fomentations may be tried; and if no benefit result from their employment, Blisters may be recurred to with decisive utility.

Cases, however, (as before observed) will sometimes occur where all the remedies now enumerated will prove inadequate to the removal of the disease.- Under these circumstances, we should without hesitation have recourse to the exhibition of Mercury in order to excite a Ptyalism By the induction of a salivation the former train of "morbid associations" is subverted. By a new action salutary in its operation as

substituted. — When, on account of idiosyncrasy, the possibility of salivating the patient by the internal administration of mercury is precluded, we should resort to friction of the Ung: Hyd: to the inner surface of the thighs. — The diet in this disease should consist of the farinaceous and mucilaginous articles. — The drinks should be demulcent. — .. —